MUSCOGEE (CREEK) NATION DEPARTMENT OF EDUCATION & TRAINING

POST-GRADUATE EDUCATION SCHOLARSHIP PROGRAM NCA 13-038 GRANT

RENEWAL APPLICATION INFORMATION SHEET

Applicants must complete the application & submit all requested documents before funding will be approved.

Incomplete applications will **NOT** be considered.

The Post-Graduate Education Scholarship Program (NCA 13-038) was established to provide financial assistance to Muscogee (Creek) Nation citizens pursuing careers that require advanced degree or certifications. The program is designed to pay for costs that are not covered by standard scholarship programs and financial aid.

GRANT INFORMATION:

- 1. The funds will be used to pay for preparatory courses and examinations for the Law School Admission Test (LSAT), Graduate Record Examination (GRE), Medical College Admission Test (MCAT), Dental Admissions Test (DAT), the Graduate Management Admission Test (GMAT), the Engineer in Training Test (EIT), the Professional Engineer (PE) Test, the Uniform Certified Public Accountant (CPA) Examination, the Oklahoma General Education Test (OGET), the Oklahoma Subject Area Tests (OSAT), the Oklahoma Professional Teaching Exam (OPTE), National Board Certification for Teachers, Certified Financial Planner (CFP) Examination, Pre-Certification Educational Requirements for the CFP and miscellaneous professional certification/entrance tests as approved by the Secretary of Education and Training.
- In addition, the fund will be used to pay for all admission/application fees, Bar Review Courses, Bar Examinations and other miscellaneous graduate school education expenses of Muscogee (Creek) Nation citizens
- 3. Bar Review Courses and Examinations for Law students
- 4. It is department policy to not make reimbursement.
- 5. The Post-Graduate Education Scholarship Program shall not pay for tuition associated with courses in which students receive credit towards an undergraduate or graduate level degree.
- 6. The Recipient will be required to sign a statement that all receipts will be submitted to the Department of Education and Training within 30 days of the funds being utilized. Funds must be used for the purpose they were intended for only. Future assistance will not be awarded until all receipts received.
- 7. Returning applicants must complete the Renewal Application each school year or MCN fiscal year, whichever applies.

GRANT REQUIREMENTS: REQUIRED

- 1. Complete renewal application (attached) with signature for the Muscogee (Creek) Nation Department of Education of Training
- 2. Required documents shall consist of (if information has been updated or has been a significant time since they have been updated) a professional resume, one letter of academic support, a certified academic transcript and an education plan outlining significant testing dates, applications deadlines and training schedules. Please note on application if they have not changed.

Mail Application to:

Muscogee (Creek) Nation
Department of Education & Training, ATTN: NCA 13-038
P.O. Box 580
Okmulgee, OK 74447

For Additional Information Contact the Department of Education& Training at: 918.732.7747

Fax or email applications to: 918.732.7728. dhonawa@mcn-nsn.gov

NCA 13-038 RENEWAL GRANT APPLICATION (MUST BE COMPLETED IN FULL TO BE CONSIDERED)

HOME ADDRESS	V LUGI		1		
	STREET	GEE NACITY		STATE	ZIP
HOME/CELL PHONE ()		WORK	PHONE ()		
GRADUATE COLLEGE/UNVERSIT	Υ				
GRADUATE COLLEGE/UNVERSITY	Y ADDRESS				
PLAN TO ATTEND: FALL 20	SPRING	20	FULLTIME		PARTTIME
FIELD OF STUDY				ON DATE:	
AMOUNT REQUESTING: \$				ro.	
F TOOK GRANT IS AT TROVED IT	PAYABLE TO:			10.	
	MAILED TO:				
	ATTN:				_
	ADDRESS:				
		CITY	STATE	ZIP	_
nformation is only to be used to nand delivered to the preparatio	o determine eligibili	ity of funding. As	ssistance pay	ments will be	mailed or may
information is only to be used to hand delivered to the preparatio	o determine eligibili n course provider, G	ity of funding. As	ssistance pay	ments will be AT, College or	mailed or may
information is only to be used to hand delivered to the preparatio professional licensing body. Applicant's Signature	o determine eligibili n course provider, G	ity of funding. As GRE, MCAT, DAT,	ssistance pay EIT, PET, GM ————————————————————————————————————	ments will be AT, College or	e mailed or may r University, and/
information is only to be used to hand delivered to the preparatio professional licensing body. Applicant's Signature Check List; please indicate if	o determine eligibili n course provider, G	ity of funding. As GRE, MCAT, DAT, - o updates to doc	ssistance pay EIT, PET, GM Dat	ments will be AT, College or e	e mailed or may r University, and/
Check List; please indicate if Education Plan	o determine eligibili n course provider, G	ity of funding. As GRE, MCAT, DAT, o updates to doc Profess	EIT, PET, GM Dat uments from ional Resume	ments will be AT, College of e original apple	e mailed or may r University, and/
information is only to be used to hand delivered to the preparatio professional licensing body. Applicant's Signature Check List; please indicate if Education Plan Letter of Academic Supp	o determine eligibili n course provider, G there have been no	ity of funding. As GRE, MCAT, DAT, bupdates to doc Profess Certifie	Datuments from declarational Resumed Academic 1	ments will be AT, College of e original apple	e mailed or may r University, and/
information is only to be used to hand delivered to the preparation professional licensing body. Applicant's Signature Check List; please indicate if Education Plan Letter of Academic Supp	o determine eligibili n course provider, G there have been no	ity of funding. As GRE, MCAT, DAT, o updates to doc Profess Certifie	Date of the payers of the paye	e original appleranscript H REQUESTING	e mailed or may r University, and/ ication. G AMOUNT
information is only to be used to hand delivered to the preparation professional licensing body. Applicant's Signature Check List; please indicate if Education Plan Letter of Academic Supp	o determine eligibili n course provider, G there have been no port O FILL OUT A PAYME YOU WILL ALSO BE R	ity of funding. As GRE, MCAT, DAT, o updates to doc Profess Certifie ENT REQUEST FOR REQUIRED TO FILE	Date of the payers of the paye	e original appleranscript H REQUESTING	e mailed or may r University, and/ ication. G AMOUNT
information is only to be used to hand delivered to the preparatio professional licensing body. Applicant's Signature Check List; please indicate if Education Plan Letter of Academic Supp NOTE: YOU WILL BE REQUIRED TO DURING AN APPLICATION YEAR.	o determine eligibili n course provider, G there have been no port O FILL OUT A PAYME YOU WILL ALSO BE R NCA 13-038	o updates to doc Profess Certifie ENT REQUEST FOR	Date of the payers of the paye	e original appleranscript H REQUESTING	e mailed or may r University, and/ ication. G AMOUNT
information is only to be used to hand delivered to the preparation professional licensing body. Applicant's Signature Check List; please indicate if Education Plan Letter of Academic Supp	o determine eligibili n course provider, G there have been no port O FILL OUT A PAYME YOU WILL ALSO BE R NCA 13-038	o updates to doc Profess Certifie ENT REQUEST FOR	Date of the payers of the paye	e original appleranscript H REQUESTING	e mailed or may r University, and/ ication. G AMOUNT
information is only to be used to hand delivered to the preparatio professional licensing body. Applicant's Signature Check List; please indicate if Education Plan Letter of Academic Supp NOTE: YOU WILL BE REQUIRED TO DURING AN APPLICATION YEAR.	o determine eligibili n course provider, G there have been no oort O FILL OUT A PAYME YOU WILL ALSO BE R NCA 13-038	o updates to doc Profess Certifie ENT REQUEST FOR	Date of the payers of the paye	e original apple ranscript H REQUESTING	e mailed or may r University, and/ ication. G AMOUNT APPLICATION.
information is only to be used to hand delivered to the preparatio professional licensing body. Applicant's Signature Check List; please indicate if Education Plan Letter of Academic Supp NOTE: YOU WILL BE REQUIRED TO DURING AN APPLICATION YEAR. YEAR APPLICATION RECEIVED DATE: COMPLETE:INCOM	o determine eligibili n course provider, G there have been no oort O FILL OUT A PAYME YOU WILL ALSO BE R NCA 13-038 BY: PLETE:	ity of funding. As GRE, MCAT, DAT, o updates to doc Profess Certifie ENT REQUEST FOR REQUIRED TO FILE GRANT OFFICE (Date of the payers of the paye	e original apple ranscript REQUESTING REVENEWAL	e mailed or may r University, and/ ication. G AMOUNT APPLICATION.
information is only to be used to hand delivered to the preparation professional licensing body. Applicant's Signature Check List; please indicate if Education Plan Letter of Academic Suppose NOTE: YOU WILL BE REQUIRED TO DURING AN APPLICATION YEAR. YOU WILL BE REQUIRED TO DURING AN APPLICATION YEAR. YOU WILL BE REQUIRED TO DURING AN APPLICATION YEAR. YOU WILL BE REQUIRED TO DURING AN APPLICATION RECEIVED DATE: COMPLETE:	o determine eligibili n course provider, G there have been no oort O FILL OUT A PAYME YOU WILL ALSO BE R NCA 13-038 BY: PLETE:	ity of funding. As GRE, MCAT, DAT, o updates to doc Profess Certifie ENT REQUEST FOR REQUIRED TO FILE GRANT OFFICE (Date of the payers of the paye	e original apple ranscript REQUESTING REVENEWAL	e mailed or may r University, and/ ication. G AMOUNT APPLICATION.
information is only to be used to hand delivered to the preparatio professional licensing body. Applicant's Signature Check List; please indicate if Education Plan Letter of Academic Supp NOTE: YOU WILL BE REQUIRED TO DURING AN APPLICATION YEAR. YEAR APPLICATION RECEIVED DATE: COMPLETE:INCOM	o determine eligibili n course provider, G there have been no oort O FILL OUT A PAYME YOU WILL ALSO BE R NCA 13-038 BY: PLETE:	ity of funding. As GRE, MCAT, DAT, o updates to doc Profess Certifie ENT REQUEST FOR REQUIRED TO FILE GRANT OFFICE (Date of the payers of the paye	e original apple ranscript REQUESTING REVENEWAL	e mailed or may r University, and/ ication. G AMOUNT APPLICATION.